

(For office use)

Case #:_____ Date Rec'd:_____ By:_____

FEES: **Application** - \$125 Amt. Pd \$ _____

Public Notice - \$125 Amt. Pd \$ _____
(Includes newspaper notice)

*Cert. Mail \$_____ @ _____ = \$_____

*(Owner, applicant, counsel/agent, abutters, interested parties) Cost per current USPS rates

Total Received: \$ _____ Check# _____

APPLICATION FOR VARIANCE

Property Owner:

Name: _____ Telephone No. _____

Mailing Address:_____ Town:_____

State _____ Zip _____ E-mail: _____

Applicant (if different):

Name: _____ Telephone No. _____

Mailing Address:_____ Town:_____

State _____ Zip _____ E-mail: _____

If applicant is not the owner, please state applicant's interest in the property: _____

Agent or Legal Counsel:

Name: _____ Firm: _____

Mailing Address: _____ Town: _____

State _____ Zip _____ Telephone No. _____

E-mail: _____

Description of Property: Wakefield Tax Map #:_____ **Lot #**_____

The 911 street address, the acreage or square foot area, length of road and water frontage, and any special characteristics of property: _____

Driving Directions to Property: (How do members and public find the property for a site walk?)

Applicant's Initials: _____ Owner's Initials: _____ Date: _____

Zoning District(s): (Please circle each district in which all or a portion of the property under consideration is located) 1. Residential I; 2. Residential II; 3. Residential III; 4. Business and Commercial; 5. Village/Residential; 6. Light Industrial; 7. Agricultural; 8. Aquifer Conservation (Overlay); 9. Wetland Conservation (Overlay); 10. Historic (Overlay); 11. Floodplain Development (Overlay); 12. Farming-Prime Soils (Overlay).

A. Existing Variances or Special Exceptions:

Are there any existing Variances or Special Exceptions on the property?
Yes_____ No_____. If yes, please explain when and why such was required:

B. Previous Denials:

Has an application for a Variance or Special Exception on this property ever been denied? (If you are unsure of the answer to this question, please ask the Zoning Board's Clerk or request that the Zoning Board Chairman be contacted) Yes_____ No_____. If yes, please explain when and why: _____

C. Material Differences if Previously Denied: If you were denied previously, state how this particular application and use proposed is now materially different from that which was denied: _____

D. Proposed Use:

Please explain why you need a variance: _____

E. Applicable Zoning Ordinance Provision:

This application is for Variance to the following Ordinance Article(s) and Section(s):

Article _____, Section, _____ of the Zoning Ordinance.
Article _____, Section, _____ of the Zoning Ordinance.

Applicant's Initials: _____ Owner's Initials: _____ Date: _____

F. **Criteria your application must meet for a Variance:** Complete sections 1 through 5 thoroughly and with facts and assertions in support of your position.

1. The proposed use would not diminish surrounding property values because:

2. Granting the Variance would not be contrary to the public interest because:

3. Granting the variance would do substantial justice because:

4. The use is not contrary to the spirit of the ordinance because:

5. **Literal enforcement of the provisions of the ordinance would result in an unnecessary hardship because:**

G. Does your proposed use also require Subdivision Approval by the Planning Board? Yes _____ No _____

H. Does your proposed use also require a Site Plan Approval by the Planning Board? Yes _____ No _____

I. Is this application required as a prerequisite to or otherwise necessary for a Site Plan Approval by the Planning Board? Yes _____ No _____

Applicant's Initials: _____ Owner's Initials: _____ Date: _____

CERTIFICATION

I/We hereby certify that:

I/We have read the instructions for completing this application for Variance.

I/We have completed this application as completely and fully as possible.

I/We have completed the checklist provided in the instructions and have attached all evidence, including plans or sketches, I/We intend to discuss at the Public Hearing on the application,

I/We understand that if this application is incomplete, it will be returned within a reasonable time following its submission, and that this may delay the scheduling of a Public Hearing.

I/We understand that I/We must appear in person at the Public Hearing to present and discuss this application. If I/We cannot appear in person, I/We will notify the Chairperson of the ZBA, in writing, designating the name of the individual who will appear for me/us.

The ZBA has permission to enter the property to conduct scheduled site walks upon reasonable prior notice.

Applicant's Signature: _____ **Date** _____

Property Owner's Signature: _____ **Date** _____

Agent or Legal Counsel's Signature: _____ **Date** _____

Applicant's Initials: _____ **Owner's Initials:** _____ **Date:** _____

ABUTTERS LIST

An abutter is defined as any property either directly adjacent to, diagonally across from, or across the street from the property in question.

Applicant's Name: _____ Telephone: _____

Project Address: _____

List the name and address of each abutter.
It is the applicant's responsibility to ensure that all abutters are listed.

TAX MAP/LOT #	OWNER'S NAME	OWNER'S MAILING ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(use additional pages if necessary)

Holders of conservation/preservation or other easements to the subject property are as follows:

1. Name: _____ Address: _____
2. Name: _____ Address: _____

Person who prepared this list (print name): _____
Date Prepared: _____

I hereby certify that all information presented on this form is, to the best of my knowledge, correct.

Signature of Preparer _____

Signature of Applicant _____

Signature of Owner (if different from applicant) _____

Applicant's Initials: _____ Owner's Initials: _____ Date: _____